## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000043689

Entity Name: THE QUESTAR GROUP, INC.

FILED Mar 01, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

THE QUESTAR GROUP INC 12412 SAN JOSE BLVD STE 405 JACKSONVILLE, FL 32223

Current Mailing Address: New Mailing Address:

THE QUESTAR GROUP INC P.O. BOX 600142 JACKSONVILLE, FL 32260

FEI Number: 59-3578703 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALTERMAN, LEONARD M 9116 CYPRESS GREEN DR #206 JACKSONVILLE, FL 32256 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: MRS (X) Change ( ) Addition

 Name:
 GASLIN, DAVID R
 Name:
 THEN, AMANDA G

 Address:
 12412 SAN JOSE BLVD SUITE 405
 Address:
 PO BOX 600142

City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: JACKSONVILLE, FL 32260

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMANDA THEN MRS 03/01/2009

Electronic Signature of Signing Officer or Director

Date